

Trinidad and Tobago



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (I)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	97
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	74.8 (Female) 71.2 (Both sexes) 67.9 (Male)
Population (in thousands) total (2015)	1360.1
% Population under 15 (2015)	20.8
% Population over 60 (2015)	14.2
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (I)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	99
Gender Inequality Index rank (2014)	73
Human Development Index rank (2014)	64
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.93
Private expenditure on health as a percentage of total expenditure on health (2014)	46.49
General government expenditure on health as a percentage of total government expenditure (2014)	8.17
Physicians density (per 1000 population) (2011)	1.821
Nursing and midwifery personnel density (per 1000 population) (2011)	3.281
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	12.6 [5.8-29.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	18.5 [8.9-43.4]
Maternal mortality ratio (per 100 000 live births) (2015)	63 [49 - 80]
Births attended by skilled health personnel (%) (2014)	100.0
Public health and environment	
Population using safely managed sanitation services (%) (I)	
Population using safely managed drinking water services (%) (I)	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The twin-island Republic of Trinidad and Tobago lies to the southern end of the Caribbean, close to the continent of South America, northeast of Venezuela and northwest of Guyana. Trinidad has an area of approximately 4,800 square km and is the larger of the two Islands. Trinidad and Tobago gained its independence from the United Kingdom in 1962 and became a Republic in 1976. The economy is largely based on oil and gas production, with the petroleum and petrochemical industries accounting for about 37% of gross domestic product (GDP). In 2011, the Trinidad and Tobago Census reported that the total population was 1,328,019, an increase of 65,653 persons from 2000 with 37,074 inhabitants living in the capital city of Port of Spain. The country has an ageing population. The 2011 census showed approximately 13% of the population was over age 60 with 13% of persons being 80 years and older and estimated to be 15.8% in 2015 and over 32.8% by 2025. Trinidad and Tobago has one of the highest NCD rates globally. NCDs account for 60% of deaths annually. In 2015, heart disease was the number one cause of death, accounting for a quarter (25%) of all deaths, followed by diabetes accounting for 14%, cancer (13%), and cerebrovascular disease 10%. In 2014, the reported suicide mortality rate was 13 per 100,000 population. The HIV epidemic is generalised. In 2014, the prevalence was reported to be 1.65% with 1,053 newly diagnosed cases reported, of which 43% were women. The majority of the new cases showed 64% occurred among the 15-49 age-group. As of November 2015, there were at least 53 confirmed cases of Chikungunya and 1,687 cases of Dengue reported. At the end of 2016, 717 confirmed cases of Zika were reported. Other health concerns include: poor health lifestyle choices, health inequities still exist in certain areas, and the need for multisector collaboration to facilitate Health in All policies in response to the determinants of health.

HEALTH POLICIES AND SYSTEMS

The National Health Agenda is guided by the National Development Strategy, VISION 2030 - 'Many Hearts, Many Voices, One Vision' Key result area: Sustainable Families and Communities. The Ministry of Health (MOH) is the responsible entity with oversight of the health care system. It plays a central role in the protection of the population's health and in ensuring that all organisations and institutions that produce health goods and services conform to standards of safety. The public system offers all services free of charge to users, and is funded by the Government and taxpayers. The strengthening of the health system is being conducted in the context of the universal health. The MOH has set 12 essential strategic priorities that include chronic noncommunicable diseases, communicable diseases, maternal and child health, mental health, human resources planning, integration of information and communication technology, and management of the health sector. Health care services are delivered by 4 semi-autonomous Regional Health Authorities in Trinidad and 1 in Tobago. The MOH also administers several vertical services and national programs. The NCD Plan for Trinidad and Tobago was launched in May 2017 with IDB funding under a Health Sector Support Programme for its implementation. The MOH has also implemented the Chronic Disease Assistance Programme (CDAP) which provides medication, particularly for NCDs, free of charge at both public and private pharmacies.

COOPERATION FOR HEALTH

The work of the MOH is further supported through partnership with regional and international organisations and NGOs that provide technical advice, training and mentoring. These include CARICOM Secretariat, Caribbean Public Health Agency, PAHO/WHO and other UN Agencies, World Bank, Inter-American Development Bank, President's Emergency Plan for AIDS Relief, and the European Union. The Government is a signatory to several international and sub-regional health related conventions and agreements, for example: Framework Convention on Tobacco Control; the International Health Regulations; Convention on the Rights of the Child; International Convention on the Protection of the Rights of All Migrant; and sub-regionally: the Caribbean Cooperation in Health (IV); Port of Spain Declaration on Chronic NCDs (2007); Health Agenda for the Americas 2008-2017; Nassau Declaration; and Pan Caribbean Partnership against HIV/AIDS (PANCAP). The strategic agenda of the 2017-2021 PAHO/WHO CCS developed in collaboration with the MOH outlines 4 strategic priorities and 12 focus areas for technical cooperation with PAHO/WHO. The United Nations Country Team provides assistance to the Government through the 2017-2021 UN Multi-Country Sustainable Development Framework for the Caribbean which focuses on the SDGs and the principle of "leaving no one behind".

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health.	The Focus Areas that will be addressed under this strategic priority are: <ul style="list-style-type: none"> • Strengthen stewardship, governance and transparency to increase equitable access to quality, people centred services including regulatory and accountability frameworks. • Strengthen information systems for health to support evidence-informed decision making, accountability, monitoring and evaluation. • Develop and implement mechanisms for sufficient, equitable, efficient and sustainable health financing ensuring financial protection in health. • Reorient the delivery of integrated services with an emphasis on Primary Care ensuring equitable access and coverage for quality services with adequate and appropriate human resources support.
STRATEGIC PRIORITY 2: Multi-sectoral action to prevent and control noncommunicable and communicable disease and their risk factors, violence and injuries and advance mental well-being.	The Focus Areas that will be addressed under this strategic priority are: <ul style="list-style-type: none"> • Accelerate the implementation and monitoring of the National NCD Strategic Plan of Action including the development of the legislative and policy frameworks to reduce NCD risk factors. • Support the implementation of community-based approaches to mental health reform and enhance the public health response to violence and injuries. • Strengthen and implement plans for communicable diseases inclusive of health communication/health risk reduction.
STRATEGIC PRIORITY 3: Integrated, evidence-based, inclusive action promoted to address the social determinants of health throughout the life course.	The Focus Areas that will be addressed under this strategic priority are: <ul style="list-style-type: none"> • Promote Health in all Policies for inter-sectoral action to improve equity and sustainable development - “leaving no one behind”. • Accelerate actions to develop and harmonise policies and programmes to address sexual and reproductive health and the needs of infants; adolescents, men’s, and women’s health; and healthy aging. • Build capacity to generate and utilise evidence on economic and social determinants of health and health inequities to guide policies and programmes along the life course.
STRATEGIC PRIORITY 4: An integrated approach to address an “all-hazards” health response that builds and contributes to health and human security.	The Focus Areas that will be addressed under this strategic priority are: <ul style="list-style-type: none"> • Support national efforts to meet the required core capacities of the International Health Regulations. • Support the planning and implementation of an all-hazards approach across all sectors and communities, to address hazards such as natural and human-caused disasters, vector and food-borne diseases, climate change and antimicrobial resistance.

我们的产品



大数据平台

国内宏观经济数据库

国际经济合作数据库

行业分析数据库

条约法规平台

国际条约数据库

国外法规数据库

即时信息平台

新闻媒体即时分析

社交媒体即时分析

云报告平台

国内研究报告

国际研究报告

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25866

